Registrotino District No. 318 Primary Registrotino District No. 1003 Registrotino The No. 1003 Registrotino The No. 1003 Registrotino The No. 1004 Registrotino District No. 1004 Registro		FILED DEC	9 - 1957		\$	TANDARD	CERTIFI	CATE OF D	EATH	··	41	728
B. COUNTY D. CITY D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. CITY D. C.			3	įstration C	District No.		.] 8 Prir	nary Registratio	n District No		Registr	11008
Service of the company of the compan	Ī		ATH		<u> </u>			2. USUAL RE g. STATE	SIDENCE (Who			Residence before
C. FULL NAME OF (II NOT in hospital), give location) Reside Post P	o _							c. CITY OR	MO T	. 4	PÓD	Inside Limits
S. MANKE OF STEAM EUNICE First Middle BEASLEY A. DATE Month Day You of Coth November 17, 19		e. FULL NAME	OF (If NOT in	hospital, a	rive location	n) Length of	1	d. "STREE			. *	Reside on Farm
S. SEX	3.	NAME OF DECEASED		••	T.T		T2	Last	#27 <u>.</u>	4. DATE	Month	Day Year
Fomale	5.	<u> </u>					_		н	- Chitti	IF UNDER 1	YEAR IF UNDER 24 HRS.
HOUSEWIFE IN THE STATE IN THE S	L	Pemale		e.	WIDOWE	o 🗍 💮 ot	VORCED 🗖	Dec . 26	1906	50	_	
13. FATHER'S NAME GEORGE E. WILL to 15. WAS DECRASED EVER IN U. S. ARMED FORCES? (17. WAS DECRASED EVER IN U. S. ARMED FORCES?) (17. WAS DECRASED EVER IN U. S. ARMED FORCES?) (17. WAS DECRASED EVER IN U. S. ARMED FORCES?) (18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute lymphocytic leukemia [INTERVALE ONSET AND (a). stating the undership cause last.] DUE TO (b). Conditions, if any, which gave rise (a). stating the undership cause last.] DUE TO (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) [INTERVALE CAUSE (a)]. DUE TO (c). 20. ACCIDENT SUICIDE HOMICIDE [20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20. TIME OF Hour Month, Day, Year [INJURY 0. m., m., m., m., m., m., m., m., m., m.	10	a. USUAL OCCUPATION during most of w	ON (Give kind of orking life, even	work done if retired)	105. KIND O	F BUSINESS OR	INDUSTRY	1. BIRTHPLACE	(City and state of	country)	- I	
George E. Wilhite 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Yes World War #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute lymphocytic leukemia Conditions, if any, which gave rise to observe the couse of the couse of the couse cause labely and couse last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DIE TO (c) DIE TO (c	13	HOUSEW	fe		<u></u>	_					<u> </u>	5.A
15. MAS DECEASED EVER IN U. S. ARMED FORCES; 16. SOCIAL SECURITY NO. 17. INFORMANT #35 Lincord Driv Yes. No. of winkersh 17. No. state of service) Yes. 18. SOCIAL SECURITY NO. 17. INFORMANT #35 Lincord Driv Yes. 18. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORM		_	ነ ፑ. W4 ገ	hi ta								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute lymphocytic leukemia Conditions, if any, which gare rise to obose cause (a). Let mine the part rise to obose cause (a). DUE TO (b) Which gare rise to obose cause (a). Stating the underlying cause last. DUE TO (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II, OTHER SIGNIFICANT (C. g., in or obout home. 200. ACCIDENT SUICIDE WHILL AT MORK 200. TIME OF HOUR MORITH II PART II PART II or Part II of Item 18.) 201. TIME OF HOUR MORITH II II PART II II OF PART II OF PAR	15 (1	es. no. or unknown)	ER IN U.S. ARN (If yes, give war o	IED FORCES	raice)	5. SOCIAL SEC	URITY NO.	17. INFORMANT		#35 L	incord	Drive
DUE TO (c) Stating the under- blue to (c) Stating the under- blue to (c) Stating the under- blue to (c) DUE TO (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(q) DUE TO (c) BERFORME YES AND DEFORME YES AND OR TIME OF HOUR Month, Day, Year INJURY a. m. P. m. 20d. INJURY occurred WHILE AT NOT WHILE WORK NOT WHILE AT WORK 21. I attended the deceased from 10/25/57 , to 11/17/57 and last saw her mith alive on 11/17/ Death occurred at 2:15 8. m. m on the date stated above; and to the best of my knowledge, from the causes 22a. SIGNATURE F.R. Bradley (Degree or title) D. BARNES HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ROMAN 23b. DATE ADDRESS Krieg shauser 4228 S. Kingshighway NOV 18'57 NATIONAL CREMATOR. EVALUATION COUNTY DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) D. WAS AUTO BERFORME YES AND D. WAS AUTO BERFORME YES AND ON PART II. (a) BERFORME YES AND D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART II. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART III. (a) D. WAS AUTO BERFORME YES AND ON PART		18. CAUSE OF D	EATH [Enter on	ily one caus DBY:	se per line fo		•		PIRS II	Deaste		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II. OTHER SIGNIFICANT III. OTHER SIGNIFICANT III. OTHER SIGNIFICANT II. OTHER SIGNIFICANT III. OTHER SIGNIFICANT		which gave above cau stating the	rise to se (a), under-					· · · · · · · · · · · · · · · · · · ·		2040		
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK AT WO	ICATION			CONDITIONS C	CONTRIBUTING	TO DEATH BUT I	YOT RELATED	TO THE TERMINAL D	ISEASE CONDITION	GIVEN IN PART I(4	1)	19. WAS AUTOPSY PERFORMED? YES A NO
20c. TIME OF Hour Month, Day, Year INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 21. I attended the deceased from 10/25/57 to 11/17/57 and last saw her Alive on 11/17/57 Death occurred at 2:15 8.m. m on the date stated above; and to the best of my knowledge, from the causes 22a. SIGNATURE F.R. Bradley (Degree or title): 23a. Burial, Cremation, Removal (Specify) Removal (Specify) Removal (Specify) Removal 11-19-57 National Cemetery Tefferson Barnecks Mc 24. Funeral director Krieg shauser 4228 S. Kingshighway NOV 18 57	CERTIF	1			206. DESCR	IBE HOW INJUR	Y OCCURRE	D. (Enter natur	e of injury in P	art I or Part II o	of item 18.)	
WHILE AT NOT WHILE Sarm, factory, street, office bldg., etc.) 21. I attended the deceased from 10/25/57 to 11/17/57 and last saw her alive on 11/17/57 Death occurred at 2:15 8.m. m on the date stated above; and to the best of my knowledge, from the causes 22a. SIGNATURE F.R. Bradley (Degree or (title): D 22b. ADDRESS AUDRESS D 22c. DATE D	₹	INJURY a	m.	Day, Year				···				
Death occurred at 2:15 a.m. mon the date stated above; and to the best of my knowledge, from the causes 22a. SIGNATURE F.R. Bradley (Degree or fille): Description De	Ĭ	WHILE AT []	OT WHILE	20e. PLACE farm,	E OF INJURY factory, stre	(e.g., in or al eet, office bldg.	out home, elc.)	20/. CITY, TOW	N, OR LOCATION		COUNTY	STATE
Death occurred at 2:15 8.m. mon the date stated above; and to the best of my knowledge, from the causes 22a. SIGNATURE F.R. Bradley (Degree or title) D 22b. ADDRESS M. D. BARNES HOSPITAL 11/1' 23a. BURIAL, CREMATION. REMOVAL (Specify) Removal 11-19-57 National Cemetery Removal 11-19-57 National Cemetery Zer. Name of cemetery or crematory ADDRESS Krieg shauser 4228 S. Kingshighway NOV 18 57 NOV 18 57		21. I attended				57	, to _1	1/17/57	and I	ast saw her	live on	11/17/57
23d. BURIAL CREMATION. REMOVAL (Specify) Removal 11-19-57 National Cemetery Removal II-19-57 Notional Cemetery Removal II												the causes stated.
Removal (Specify) Removal 11-19-57 National Cemetery Jefferson Barnacks Mc 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Kriegshauser 4228 S. Kingshighway NOV 18'57	1	IK		aile	(Degree or r	nte).	-	1 1	BARNES	HOSPIT	AL	11/17/57
Removal 11-19-57 National Cemetery Jefferson Barracks Mc 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. FGISTRAR'S SIGNATURE Kriegshauser 4228 S. Kingshighway NOV 18 57	230		236. DATE		23c. 1	NAME OF CEME	TERY OR CR	EMATORY	23d. LOCA	TION (City, town	. or county)	(State)
Kriegshauser 4228 S. Kingshighway NOV 18 57 Callanith		Removal	11-1	19-57	· N	ations	ll_Cer	retery		ferson	Barne	cks Mo.
(Licensed Embalmer's Statement on Reverse Side)						highwe			/	Carl	1 m	ich mo
					(License	d Embalmer	s Stateme	nt on Reverse	Side)	~n /	73	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signature of Student Embalmer

Student

Signed Richard W. Stove

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fi

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.